

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
APPLICATION FOR LICENSURE
VETERINARIAN

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

In addition to submitting a completed application, complete the following:

1. Submit an official transcript including your date of graduation from a veterinary college that held current accreditation by the Council on Education of the American Veterinary Medical Association (AVMA) at the time of your graduation.

NOTE: If you previously submitted this documentation when applying for your Utah veterinary intern license, you are not required to re-submit documentation of graduation from an accredited veterinary college.

2. If you graduated from a foreign veterinary school, submit a Certificate of Competency issued by the AVMA Educational Commission for Foreign Veterinary Graduates or issued by PAVE (Program Assessment of Veterinary Education Equivalence) of AAVSB.

3. Submit verification of your passing score on the North American Veterinary Licensing Exam, if taken before May 1, 2000.
4. Submit official verification of your passing score on the Clinical Competency Test and National Board Examination of the NBEC of the AVMA.
5. Submit **one** of the following to document that you have met the experience requirements:
 - ❑ A “Completion of Internship” form (*pages 15 and 16*) documenting that you have completed an approved internship.
 - ❑ Documentation of equivalent veterinary investigational, educational, or sanitary control work.
 - ❑ Documentation that you have practiced as a licensed veterinarian for at least 6 months.
 - ❑ Documentation that you have practiced as a veterinarian while employed by the United States government, its agencies, or the state or its political subdivisions for at least 6 months.

7. Using the “Request For Verification of License” form, obtain verification of licensure from a state in which you are currently licensed as a veterinarian or veterinary intern.

Request that the verifying state complete the form and mail or fax it directly to the Division or return them to you for submission with your application.

8. Submit a **\$150.00** non-refundable application-processing fee, made payable to “DOPL.”
9. If you are applying for a Utah controlled substance license, additionally complete the following:

- ❑ Submit a completed take-home “Utah Controlled Substances Law and Rules Examination” (*pages 9 and 10 of this application*).
- ❑ Submit an additional **\$90.00** non-refundable application-processing fee.

NOTE: The total fee for a veterinarian license and a Utah controlled substance license is \$240.00, made payable to “DOPL.”

ADDITIONAL IMPORTANT INFORMATION:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice. The following applicable laws and rules are available on the Internet at www.dopl.utah.gov.

- ❑ Division of Occupational & Professional Licensing Act
 - ❑ General Rules of the Division of Occupational & Professional Licensing
 - ❑ Veterinary Practice Act
 - ❑ Veterinary Practice Act Rules
 - ❑ Utah Controlled Substances Act
 - ❑ Utah Controlled Substances Act Rules
2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
 3. **Controlled Substance License/DEA Registration:** You must hold a Utah controlled substance license **and** a DEA registration to administer, possess, or prescribe a controlled substance in your practice of medicine in Utah. For DEA registration information, contact the Drug Enforcement Administration, Salt Lake District Office, 348 East South Temple, Salt Lake City, UT 84088. Telephone (801) 524-4389.
 4. **Controlled Substances Law and Rules Examination:** Enclosed with this application is the take-home Utah Controlled Substances Law and Rules Examination. Return the completed examination with your application for licensure if you are applying for a controlled substance license in addition to your license. Do not submit it separately.

The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

- ❑ Division of Occupational & Professional Licensing Act
 - ❑ General Rules of the Division of Occupational & Professional Licensing
 - ❑ Utah Controlled Substances Licensing Act
 - ❑ Utah Controlled Substances Licensing Act Rules
5. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
 6. **Navle Score Transfer:** Direct all questions concerning score transfer to AAVSB (*American Association of Veterinary State Boards*), (877) 698-VIVA.
 7. **Foreign Graduate:** If you are a graduate of a foreign veterinary school, you must meet with the Veterinary Board before you will be issued a veterinary intern license. Please contact the Board Secretary at (801) 530-6495 for an appointment. You shall demonstrate educational equivalency of your foreign veterinary school with an accredited domestic veterinary school by submitting a Certificate of Competence issued by the AVMA Educational Commission for Foreign Veterinary Graduates (ECFVG) or the AAVSB Program for Assessment of Veterinary Education Equivalence (PAVE) Certificate.
 8. **AVMA:** For foreign education evaluation, call (847) 922-8070, fax (847) 925-1329, or write 1931 N. Meacham Rd. Suite 100, Schaumburg, IL 60173-4360.

9. **License Renewal:** All veterinarian licenses expire on September 30 of each even-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the license. Renewal information is disseminated to each licensee at the licensee's last known address, as provided to the Division, approximately two months prior to the expiration date shown on the license.

10. **Updating Address Information:** It is a licensee's responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.
11. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
12. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

14. **Telephone Numbers:** (801) 530-6628

(866) ASK-DOPL – Toll-free in Utah
(866) 275-3675
15. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSURE

GENERAL INFORMATION

License Applying For: ☐ Veterinarian License
☐ Utah Controlled Substance License

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

Gender: ☐ Male ☐ Female Date of Birth: ____/____/____

MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: ____/____/____

Approved By: _____

Date License/Certificate Denied: ____/____/____

Denied By: _____

Reason for Denial/Other Comments: _____

PROFESSIONAL EDUCATION REQUIREMENT: *(Use additional sheets if necessary.)*

Name: _____ Dates Attended: _____ to _____

Location: _____

Degree Received: _____ Date of Graduation: _____

PROFESSIONAL EXAMINATION REQUIREMENT: Answer “yes” or “no.”

☐ Yes ☐ No NAVLE Exam: _____

☐ Yes ☐ No National Board (NBE), Date(s) Taken: _____

☐ Yes ☐ No Clinical Competency Test (CCT), Date(s) Taken: _____

☐ Yes ☐ No Controlled Substances Law Exam, Date(s) Taken: _____

LICENSES: List all licenses, registrations, or certifications issued by any state that you now hold or have ever held as a veterinarian or veterinary intern. *(Use additional sheets if necessary.)*

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

WORK EXPERIENCE AS A LICENSED VETERINARIAN: Please list your professional work experience. Account for all periods of time since your original licensure as a veterinarian.

IF APPLYING FOR A UTAH CONTROLLED SUBSTANCE LICENSE: I hereby agree to comply with the laws of Utah relating to the Controlled Substance Act and Rules.

Signature of Applicant: _____ Date: ____/____/____

AFFIDAVIT FOR UTAH LAWS AND RULES

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my practice as a Veterinarian in the State of Utah and I agree to comply with such.

Signature of Applicant: _____ Date: ____/____/____

UTAH CONTROLLED SUBSTANCES

LAW AND RULES EXAMINATION

The reference listed after each question is provided to assist you in selecting your response. The examination is not intended to be difficult. The purpose of the exam is to bring to your attention specific practice issues you need to know in order to avoid violating Utah law and rule. If you are uncertain about any of the questions listed below, please refer to the reference listed in order to become familiar with Utah's controlled substance prescribing practices.

Answer “**true**” or “**false**” for each statement. Do not leave any statement blank. Return this completed examination with your application for licensure.

1. _____ A prescription for a schedule II controlled substance may be filled in a quantity not to exceed a 30 day supply. [58-37-6(7)(f)(i)(B)]
2. _____ A prescription for a schedule III or IV controlled substance may be refilled 5 times within a six month period from the issue date of the prescription. [58-37-6(7)(f)(ii)]
3. _____ All prescription orders must be signed in ink or indelible pencil to prevent anyone from altering a legitimate prescription. [58-37-6(7)(d)]
4. _____ Licensed prescribing practitioners must make their controlled substance stock and records available to DOPL personnel for inspection during regular business hours. (R156-37-601)
5. _____ All records of purchasing, prescribing, and administering controlled substances must be maintained by the licensed prescribing practitioner for at least five years. [R156-37-602(3)]
6. _____ The name, address, and DEA registration number of the prescribing practitioner, and the name, address, and age of the patient are required to be included on the prescription for a controlled substance. [58-37-6(7)(d)]
7. _____ A controlled substance is taken according to the prescriber's instructions. A refill may be dispensed after 80% of the medication has been consumed. [R156-37-603(7)]
8. _____ After the discovery of any theft or loss of a controlled substance, the prescribing practitioner is required to file the appropriate forms with the DEA, report the incidence to the local police, and send copies of the filed DEA forms to DOPL. [R156-37-602(2)]

(Continued on the next page.)

9. _____ The maximum number of controlled substances that can be written on a single prescription form is one. [R156-37-603(3)]
10. _____ An emergency verbal prescription order for a schedule II controlled substance requires that the patient be under the continuing care of the prescribing practitioner for a chronic disease, the amount of drug prescribed is limited to what is needed to adequately treat the patient for no more than 72 hours, and a written prescription shall be delivered to the filling pharmacy within 7 working days of the verbal order. [R156-37-605]
11. _____ A prescribing practitioner in Utah may not dispense prescription medications to his/her patients except for manufacturers' samples. [58-37-2(1)(m) and 58-17b-102(28)]
12. _____ Issuing a prescription for a schedule II or III controlled substance for yourself is considered unprofessional conduct and may result in disciplinary action. [R156-37-502]
13. _____ A prescribing practitioner is using a schedule IV controlled substance in the treatment of weight reduction for obesity. The practitioner has completed a medical history of the patient, has performed a complete physical examination, has ruled out contra-indications, and has determined that the health benefits of treatment greatly out-weigh the risks. An informed consent signed by the patient is also required prior to initiating treatment. [R156-37-604(2)]

VETERINARIAN QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
10. _____ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?

(Continued on the next page.)

11. _____ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
12. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
13. _____ Have you been named as a defendant in a malpractice suit?
14. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
15. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
16. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
17. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
18. _____ Have you ever been terminated from a position because of drug use or abuse?
19. _____ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
20. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
21. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
22. _____ Do you currently have any criminal action pending?

(Continued on the next page.)

23. _____ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed
24. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
25. _____ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
26. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



If you answered “yes” to questions 22, 23, 24, 25, or 26 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.



If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

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AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: ____/____/____

Printed Name of Applicant: _____

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COMPLETION OF INTERNSHIP

TO BE COMPLETED BY VETERINARY INTERN:

Name of Veterinary Intern: _____

Utah Intern License Number: _____ Telephone: _____

TO BE COMPLETED BY SUPERVISING VETERINARIAN:

Name of Supervising Veterinarian: _____

Utah Veterinary License Number: _____ Telephone: _____

1. Has the Intern named above completed the required six months of internship under your supervision?

☐ Yes ☐ No, explain: _____

2. From what dates did the Intern start and complete his/her internship?

From _____ To _____

3. Has the Intern demonstrated good moral character?

☐ Yes ☐ No, explain: _____

(Continued on the next page.)

4. Has the Intern engaged in unprofessional conduct or any act prohibited by the State of Utah?

☐ No ☐ Yes, explain: _____

5. Has the Intern demonstrated sufficient clinical skills to practice without supervision?

☐ Yes ☐ No, explain: _____

6. Would you recommend this Intern for Utah Veterinary licensure?

☐ Yes ☐ No, explain: _____

Signature of Supervising Veterinarian: _____

Date: ____/____/____

Division of Occupational & Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 841114-06741

VERIFICATION OF WORK EXPERIENCE

(Endorsement candidates only)

TO BE COMPLETED BY EMPLOYER(S): *(If self-employed submit supporting documents.)*

Name of Applicant: _____

Name of Employer: _____

Business Name: _____

Business Telephone: _____

Address of Business: _____

Dates of Employment: from ____/____/____ to ____/____/____

Hours Worked Per Week: _____ Total Hours: _____

Nature of Applicant's Duties: _____

Was applicant's performance satisfactory?

☐ Yes

☐ No, please explain: _____

Signature of Employer: _____

Date of Signature: ____/____/____

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REQUEST FOR VERIFICATION OF LICENSE

(Use this form to verify licensure from another state, if applicable.)

TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form. Request that the verifying state complete the form and mail it directly to the Division or return it to you for submission with your application.

Applicant's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I am requesting licensure in the state of Utah as a: _____

I am/have been licensed in your state under the name: _____

My Social Security Number is: _____

My Date of Birth is: ____/____/____

My license number in your state is/was: _____

I have enclosed the necessary license verification fee in the amount of: _____

Signature of Qualifier: _____

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The qualifier will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (*as it appears in verifying state's records*): _____

Name of Qualifying Person: _____

Classification of License Issued: _____

(Continued on the next page.)

License Number: _____ Current Status: _____

Original Date of Licensure: ____/____/____ Expiration Date: ____/____/____

Continuously Licensed:

☐ Yes ☐ No, please explain: _____

Licensed By:

☐ Exam, Type: _____ Date: ____/____/____

☐ Endorsement, From What State _____

Examination Scores: _____

Education Required For Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

☐ No ☐ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____ Title: _____

Agency: _____

Date: ____/____/____

(SEAL)